

# Orange County HIV Planning Council

## Application for Voting Membership

### COUNCIL AND COMMITTEE MEMBERS' ROLES

1. Demonstrate a personal commitment to confronting the HIV epidemic in Orange County.
2. Participate in the identification of HIV Care and Treatment service needs, the establishment of funding priorities, and the preparation of a comprehensive plan for the allocation of state and federal monies to HIV care and supportive services in Orange County.
3. Promote public awareness of the HIV epidemic in Orange County.

### COUNCIL AND COMMITTEE MEMBERS' DUTIES & RESPONSIBILITIES

1. Obtain a working knowledge of the Ralph M. Brown Act. (The Brown Act governs the meetings and actions of governing boards of local public agencies and their created bodies, such as the HIV Planning Council.)
2. Understand and abide by the by-laws and policies & procedures of the HIV Planning Council.
3. Attend all scheduled Council and/or committee meetings. Committee and Council members will be subject to the attendance standards established by the committees and the Council.
4. File: bi-annually a **Conflict of Interest Disclosure form**.

### COUNCIL MEMBERS' DUTIES & RESPONSIBILITIES

1. Have a working knowledge of the Ryan White CARE Act, HOPWA funding, and the Community Planning process.
2. File: annually and at resignation a **Form 700, Statement of Economic Interest for Designated Employees**.
3. Attend orientation session. (New members only)
4. Assist with the orientation and mentoring of new Council members when possible.

### COUNCIL COMPOSITION

The Orange County HIV Planning Council is a 35-member body. Nominees to the Council must meet specific conditions established by the Ryan White CARE Act, and the Council's bylaws. Those conditions require appointment of representatives of health care, social service and mental health providers, AIDS service organizations, public health and health care planning agencies, community leaders, and state government, among others. At least 33% of the Council's members must be persons living with HIV. Also, the ethnic composition of the Council must reflect AIDS demographics in the County to the extent possible.

### HOW TO APPLY FOR MEMBERSHIP

- Complete the attached 1) *Application for Voting Membership including the Affirmation of Membership Commitment* 2) *Conflict of Interest Worksheet* and the 3) *Conflict of Interest Disclosure Report Form*
- **Send the completed forms AND YOUR RESUME to HIV Programs, 1719 W. 17th St., Santa Ana, CA 92706 or fax to (714) 834-8270. If you have any questions, please call 834-8399 or 834-8711.**

A Membership committee will review all applicant information. Each committee determines the term of office for committee members. The applications of those individuals selected for membership on the Planning Council will be forwarded to the Board of Supervisors for final appointment. The term of office for the Planning Council is up to 2 years, depending on the expiration of the vacancy being filled. Estimated time commitment for council or committee members: 4 hours minimum per month each position.

# Orange County HIV Planning Council

## Application for Voting Membership

**(Check where appropriate)**

☐ HIV Planning Council

☐ Other Committee(s): \_\_\_\_\_

**(Please Print)**

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone (work): \_\_\_\_\_ Fax: \_\_\_\_\_

- Can we call you at work? ☐ yes ☐ no
- Can we fax to you HIV/AIDS-related materials at the above fax number? ☐ yes ☐ no
- Can we email to you HIV/AIDS-related materials? ☐ yes ☐ no

### PERSONAL PROFILE

**Please check all appropriate boxes**

#### Gender Identity

- ☐ Male ☐ Transgender  
☐ Female

#### HIV Status

- ☐ Negative ☐ Decline to State  
☐ Positive ☐ Unknown

#### Age Group

- ☐ 13-19 ☐ 40-49  
☐ 20-29 ☐ 50-59  
☐ 30-39 ☐ 60+

#### Cultural/Ethnic Identity

- ☐ African American  
☐ Asian (specify) \_\_\_\_\_  
☐ Latino(a) (specify) \_\_\_\_\_  
☐ Native American (Tribal Affiliation) \_\_\_\_\_  
☐ Pacific Islander (specify) \_\_\_\_\_  
☐ White  
☐ Other (specify) \_\_\_\_\_

#### Sexual Orientation

- ☐ Heterosexual ☐ Gay Man ☐ Other  
☐ Bisexual ☐ Lesbian ☐ Decline to State

### CITY OF RESIDENCE

- ☐ **North County** (Anaheim, Brea, Buena Park, Cypress, Fullerton, La Habra, La Palma, Orange, Placentia, Villa Park, Yorba Linda)  
☐ **Central County** (Costa Mesa, Fountain Valley, Garden Grove, Huntington Beach, Irvine, Los Alamitos, Newport Beach, Santa Ana, Seal Beach, Stanton, Tustin, Westminster)  
☐ **South County** (Aliso Viejo, Dana Point, Laguna Beach, Laguna Hills, Laguna Niguel, Laguna Woods, Lake Forest/El Toro, Mission Viejo, Rancho Margarita, San Clemente, San Juan Capistrano, Trabuco Canyon)

## AFFECTED COMMUNITIES

**Please indicate which perspectives you reflect either personally (pp) or as a community advocate (ca):**

- | <b>pp</b>                | <b>ca</b>                |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | physically disabled                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | visually or hearing impaired                        |
| <input type="checkbox"/> | <input type="checkbox"/> | mentally ill  |
| <input type="checkbox"/> | <input type="checkbox"/> | developmentally disabled                            |
| <input type="checkbox"/> | <input type="checkbox"/> | homeless (including local housing agents)           |
| <input type="checkbox"/> | <input type="checkbox"/> | hemophiliacs  |
| <input type="checkbox"/> | <input type="checkbox"/> | incarcerated  |
| <input type="checkbox"/> | <input type="checkbox"/> | women   |
| <input type="checkbox"/> | <input type="checkbox"/> | advocates for new immigrants & undocumented persons |
| <input type="checkbox"/> | <input type="checkbox"/> | children and adolescents                            |
| <input type="checkbox"/> | <input type="checkbox"/> | substance abusers                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | other   |

## EXPERT

***Are you an expert in any of the following:***

- |                                       |  |  |   |
|---------------------------------------|--|--|---|
| <input type="checkbox"/> Epidemiology | <input type="checkbox"/> Health Planning | <input type="checkbox"/> Evaluation Research | <input type="checkbox"/> Behavioral & Social Sciences |
| <input type="checkbox"/> Other        |  |  |   |

## SERVICES & SERVICE PROVIDERS

***Are you any of the following:***

- ☐ mental health provider
- ☐ social service provider, including providers of housing and homeless services.
- ☐ health care provider.
- ☐ substance abuse provider.
- ☐ non-elected community leader.
- ☐ representative of State administered CBC project.
- ☐ a person receiving assistance through AFDC and/or WIC.
- ☐ a representative of individuals who formerly were Federal, State, or local prisoners, were released from the custody of the penal system during the preceding 3 years, and had HIV-disease on the date on which the individuals were so released.
- ☐ a representative of the local public health agency.
- ☐ a representative of an organization serving children, youth, and families living with HIV in Orange County.

***Are you employed by, or closely associated with, any of the following:***

- ☐ non-profit community-based organization
- ☐ local health department
- ☐ community health care clinic
- ☐ a city or other jurisdiction or special districts providing HIV services
- ☐ an agency receiving HIV testing and early intervention funds
- ☐ a hospital
- ☐ non-profit, health care & support service providers, and CBOs
- ☐ volunteer group
- ☐ counseling and testing programs funded by the National Centers for Disease Control
- ☐ Federal HIV/AIDS primary care and substance abuse programs
- ☐ "Healthy Start" programs
- ☐ legal assistance agencies
- ☐ local county substance abuse program offices
- ☐ Title III Early Intervention Projects
- ☐ projects funded under HOPWA
- ☐ HRSA-funded AIDS Education & Training Center Programs (AETC)
- ☐ Other federally funded AIDS Programs, including providers of prevention services.

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Employment:

- a) Present Employer \_\_\_\_\_
- b) Type of Business/Agency \_\_\_\_\_ Your title \_\_\_\_\_
- c) Is your current employment HIV/AIDS related? ☐ yes ☐ no
- d) Briefly describe your responsibilities \_\_\_\_\_
- \_\_\_\_\_

e) Describe your activities of community involvement. Identify the organizations or agencies you have served and your participation or membership. Include your activities, responsibilities, accomplishments, and any boards/commissions you have served on.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

f) In 150 words or less, explain why you wish to serve on the Orange County HIV Planning Advisory Council or planning committee. You may attach a separate sheet, if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### **Affirmation of Membership Commitment**

I have reviewed the attached description of Council / Committee members' roles, duties and responsibilities. I commit to the following:

- to serve on the Council
- **to participate** in all Planning Council and/or Committee meetings from **beginning to adjournment**.
- to prepare for each meeting by carefully reading all pre-distributed materials.
- to provide information regarding needs and priorities to the Council or planning committee for planning and resource allocation.
- to make recommendations **considering the community as a whole rather than just special interests or personal perspectives**.
- **to disclose any conflicts of interest I may have relative to issues that come before the Council or Planning Committee.**

**The currently scheduled meeting times do not present a barrier to my participation.** I have considered my personal and professional commitments/obligations and do not foresee them as a barrier to my full participation on the Planning Council and/or Committee(s). I certify that all statements and representations made in this application are true and correct.

Dated: \_\_\_\_\_

(Signature) \_\_\_\_\_

**Please send your completed application and resume to:**

**HIV Programs P.O. Box 6128, Santa Ana, CA 92706-0128 Attn: Chris Prevatt**

# HIV PLANNING COUNCIL

## CONFLICT OF INTEREST DISCLOSURE WORKSHEET

Name: \_\_\_\_\_ Date: \_\_\_\_\_

This worksheet to help you identify your conflicts of interest. After completing the worksheet, transfer to the attached Conflict of Interest Report Form those affiliations that occurred **within the past 12 months**.

<b>CONTRACTORS</b>
<b>AIDS Services Foundation</b>
<b>Delhi Community Services Center</b>
<b>Orange County Health Care Agency</b>
<b>Public Law Center</b>
<b>Straight Talk</b>
<b>Laguna Shanti</b>
<b>Laguna Beach Community Clinic</b>
<b>New Millennium Community Coalition</b>
<b>The Gay and Lesbian Community Center</b>
<b>UCI Medical Center</b>

- Are you currently or have you been a member of the Board of Directors of any of the above-listed organizations?  
Yes\_\_\_\_ No\_\_\_\_
- Is your spouse, the person assuming the role of spouse, or dependent child currently or have they been in the past a member of the Board of Directors of any of the above-listed organizations?  
Yes\_\_\_\_ No\_\_\_\_
- Are you currently or have you been an employee, a contractor, a creditor, or consultant (paid or unpaid) of any of the above-listed organizations?  
Yes\_\_\_\_ No\_\_\_\_
- Is your spouse, the person assuming the role as spouse, or dependent child currently or have they been in the past an employee, a contractor, or consultant (paid or unpaid) for any of the above-listed organizations?  
Yes\_\_\_\_ No\_\_\_\_
- Are you currently or have you volunteered in the past to assist in the policy planning or financial operations to any of the above-listed organizations?  
Yes\_\_\_\_ No\_\_\_\_
- Is your spouse, the person assuming the role of spouse, or dependent child currently or have they been in the past a volunteer for any of the above-listed organizations?  
Yes\_\_\_\_ No\_\_\_\_
- Are you currently or have you received services from any of the above-listed organizations?  
Yes\_\_\_\_ No\_\_\_\_
- Is your spouse, the person assuming the role as spouse, or dependent child currently receiving or have they received in the past services from any of the above-listed organizations?  
Yes\_\_\_\_ No\_\_\_\_
- Do you currently or have had an economic interest in any of the above-listed organizations?  
Yes\_\_\_\_ No\_\_\_\_
- Does your spouse, the person assuming the role of spouse, or dependent child currently have or have they had an economic interest in any of the above-listed organizations?  
Yes\_\_\_\_ No\_\_\_\_
- Do you have any other relationship(s) with any of the above-listed organizations? (e.g., are you a member of an advisory committee or board of any of the above -listed organizations)? Yes\_\_\_\_ No\_\_\_\_

**IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE-LISTED QUESTIONS YOU HAVE A CONFLICT OF INTEREST. IF THIS CONFLICT HAS OCCURRED WITHIN THE PAST TWELVE MONTHS, THE CONFLICT MUST BE REPORTED ON THE CONFLICT OF INTEREST DISCLOSURE REPORT FORM.**

**ORANGE COUNTY HIV PLANNING COUNCIL  
CONFLICT OF INTEREST DISCLOSURE REPORT FORM**

The Orange County HIV Planning Council has members who are professionally or personally affiliated with organizations that have, or may request or receive funds that are allocated by the Council. Because of the potential conflict of interest, this Disclosure Form has been adopted by the Council and must be completed by all current and future members and candidates for membership on the HIV Planning Council and designated committees.

Complete either section (A) or (B) below, as appropriate, and sign:

(A)

<b><i>By my signature below, I certify that:</i></b>	
I and/or my spouse, or the person assuming the role of spouse, and/or dependent family member(s) <b>have not served</b> within the past <b>twelve months</b> in a staff, consultant, officer, board member, client, volunteer, or advisory capacity for any organization(s) which has/have received, may seek or is/are eligible for funding from the Ryan White CARE Act or HOPWA funds.	
Signature _____	Date _____
Print or Type Name _____	

(B)

<b><i>By my signature below, I certify that:</i></b>	
I and/or my spouse, or the person assuming the role of spouse, and/or dependent family member(s) <b>have served</b> within the past <b>twelve months</b> in a staff, consultant, officer, board member, client, volunteer, or advisory capacity with the following organization(s) which has/have received, may seek or is/are eligible for funding from the Ryan White CARE Act or HOPWA funds.	
Organization: _____	
Period of Affiliation: _____	
Title/Relationship: _____	
Organization: _____	
Period of Affiliation: _____	
Title/Relationship: _____	
(Please attach additional pages as necessary)	
Signature _____	Date _____
Print or Type Name _____	